FORM NO. 2 R 10/09

ARM 36,22,307, 601, 605, 1003, 1004, 1011, 1013, 1103, 1222, 1240, 1301, 1306, 1309, and 1417

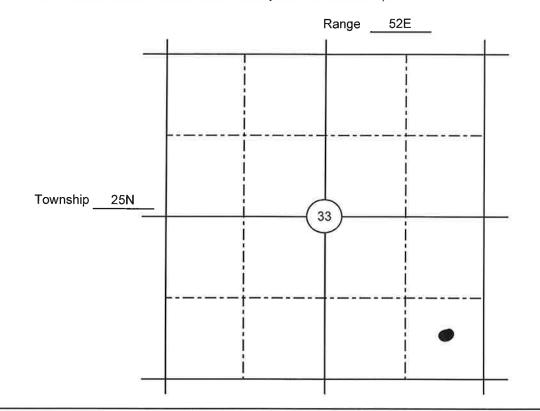
Submit In Quadruplicate To:

MONTANA BOARD OF OIL AND GAS CONSERVATION RECEIVED

| | 2535 ST. JOHNS A BILLINGS, MONTAN | ONTANA 59102 MAY 0 5 2023 | | | | |
|---|--|---|--|--|--|--|
| SUNDRY | NOTICES AND RE | MONTANA HUAHU UF UIL 9 | | | | |
| Operator White Rock Oil & Gas, LLC Address 5810 Tennyson Parkway, Suite 5 | 500 Zip Code 75024 | Lease Name: GAS CONSERVATION • BILL BR Type (Private/State/Federal/Tribal/Allotted): Private Well Number: 41-33H 52 Unit Agreement Name: Field Name or Wildcat: Elm Coulee Township, Range, and Section: | | | | |
| API Number: Well Typ 25 083 22382 State County Well | e (oil, gas, injection, other) | OFN 505 00 | | | | |
| Indicate below with an X the nature of this notice Notice of Intention to Change Plans Notice of Intention to Run Mechanical Integrity Notice of Intention to Stimulate or to Chemically Notice of Intention to Perforate or to Cement Notice of Intention to Abandon Well Notice of Intention to Pull or Alter Casing Notice of Intention to Change Well Status Supplemental Well History Other (specify) Chemical disclosure Describe planned or completed work in detail. Attachnecessary. Indicate the intended starting date for prowhite Rock is submitting this updated chemical disclosure | Test Subset Subs | n diagrams, analyses, or other information as oletion date for completed operations. | | | | |
| | | SEE ATTACHED CONDITIONS OF APPROVAL | | | | |
| BOARD USE ONLY Approved JUN 17 2023 Date | this ap | dersigned hereby certifies that the information contained on plication is true and correct: 03/2023 Date Signed (Agent) Eric Linthicum, Regulatory Manager | | | | |
| Name Admin | Title Teleph | Print Name and Title one: 214-666-4826 | | | | |

SUPPLEMENTAL INFORMATION

NOTE: Additional information or attachments may be required by Rule or by special request. Plot the location of the well or site that is the subject of this notice or report.



| BOARD USE ONLY | CONDITIONS OF APPROVAL |
|-----------------|------------------------|
| BOTHER GOL GILL | CONDITIONS OF AFFICA |

The operator must comply with the following condition(s) of approval:

Failure to comply with the conditions of approval may void this permit.

MONTANA BOARD OF OIL & GAS CONSERVATION • BILLINGS

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| Fracture Start Date/Time: | Practure End Date/Time: | States | County | API Number: | Operator Number: | Well Name: | Federal Well: | Tribat Well: | Longitude | Dutitodes | Langlat Projection: | True Vertical Depth (TVD); | TOTAL STREET STREET, S |
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| Trade Name | Supplier | Purpose | Ingredients | Chemical Abstract Service Number (CAS #) | M O | Mass per Component (LBS) | Maximum Ingred Concentration in Fluid |
|--|--|--|---|--|--|-----------------------------|---|
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MONTANA BOARD OF OIL AND GAS ATTACHMENT TO FORM 2 "CONDITIONS OF APPROVAL"

A. Field Inspector must be notified at least 24 hours in advance of the start of fracture stimulation operation.

B. <u>36.22.1106</u> SAFETY AND WELL CONTROL REQUIREMENTS – HYDRAULIC FRACTURING

- (1) New and existing wells which will be stimulated by hydraulic fracturing must demonstrate suitable and safe mechanical configuration for the stimulation treatment proposed.
- (2) Prior to initiation of fracture stimulation, the operator must evaluate the well. If the operator proposes hydraulic fracturing through production casing or through intermediate casing, the casing must be tested to the maximum anticipated treating pressure. If the casing fails the pressure test it must be repaired or the operator must use a temporary casing string (fracturing string).
 - (a) If the operator proposes hydraulic fracturing though a fracturing string, it must be stung into a liner or run on a packer set not less than 100 feet below the cement top of the production or intermediate casing and must be tested to not less than maximum anticipated treating pressure minus the annulus pressure applied between the fracturing string and the production or immediate casing.
- (3) A casing pressure test will be considered successful if the pressure applied has been held for 30 minutes with no more than ten percent pressure loss.
- (4) A pressure relief valve(s) must be installed on the treating lines between pumps and wellhead to limit the line pressure to the test pressure determined above; the well must be equipped with a remotely controlled shut-in device unless waived by the board administrator should the factual situation warrant.
- (5) The surface casing valve must remain open while hydraulic fracturing operations are in progress; the annular space between the fracturing string and the intermediate or production casing must be monitored and may be pressurized to a pressure not to exceed the pressure rating of the lowest rated component that would be exposed to pressure should the fracturing string fail.

History: 82-11-111, MCA; IMP, 82-11-111, MCA; NEW, 2011 MAR p. 1686, Eff. 8/26/11.

C. <u>36.22.1010</u> WORK-OVER, RECOMPLETION, WELL STIMULATION – NOTICE AND APPROVAL

(1) Within 30 days following completion of the well work, a subsequent report of the actual work performed must be submitted on From No. 2.